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## SERIAL NO. 10/088732 FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AS FILED AFTER 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. ; TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL **\*\*\*\*\*** \*\*\*\* NAME OF \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)